



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

2010-2011



GIC Benefit Decision Guide for Commonwealth of Massachusetts **Employees**

New Health Plan Choices and Benefit Changes for July 1, 2010
EVALUATE YOUR OPTIONS CAREFULLY!



OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617) 725-4000

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR



Spring 2010

Dear Colleagues:

As you know, we have had to make some tough choices to balance our budget in Fiscal Year 2010. Together with the Group Insurance Commission (GIC), we have maintained our basic commitment to provide employees and retirees with comprehensive benefits and worked to keep costs as low as possible.

Our administration is sponsoring a number of initiatives to improve quality, lower costs and reduce disparities in health care. The GIC has been at the forefront in trying to tackle the dual challenges of improving health care quality while containing costs. Through lower co-pays, members have an incentive to use better performing doctors, and in some plans, hospitals.

The 2010-2011 ***Benefit Decision Guide*** can help you become an active and prudent health care consumer by outlining your health plan choices and benefits that become effective July 1. There are new employee/Non-Medicare plans you may want to consider. Contact your current health plan, if you are not in Medicare, and other plans you are considering to find out which tiers your doctors and hospitals are in. All enrollees can take advantage of other resources, including the GIC's website and health fairs, to research your options and make the best selections for you and your family.

I look forward to continuing our work together to move Massachusetts forward.

Sincerely,

A handwritten signature in blue ink, which appears to read "Deval Patrick", written over a horizontal line.

How to Use This Guide

All members should read:

New Hire and Annual Enrollment Overview	2
Family and Employment Changes	3
Annual Enrollment News	4
Choose the Best Health Plan for You and Your Family.	6
Health Plan Locations	7
Maximize Your Health Plan Benefits	8
Calendar Year Deductible Questions and Answers	9
State Employee Health Plan Rates Effective July 1, 2010	10

Find out about your health plan options:

Prescription Drug Benefits	11
Health Plans	12

Find out about other benefit options:

Long Term Disability (LTD) and LTD Rates Effective July 1, 2010	23
Life Insurance and AD&D	24
Life Insurance and AD&D Rates Effective July 1, 2010	25
Health Insurance Buy-Out	26
Pre-Tax Premium Deductions	26
Flexible Spending Accounts	27
GIC Dental/Vision Plan for Managers	28
GIC Dental/Vision Plan for Managers: Rates Effective July 1, 2010	28

Resources for additional information:

Inscripción Anual	29
年度登記	29
Website	29
Ghi Danh Hàng Năm	29
Health Fair Schedule	30
GIC Plan Contact Information	31
Glossary	32



IMPORTANT REMINDERS

- This *Benefit Decision Guide* contains important benefit changes effective July 1, 2010. Review pages 4-5 and 10 for details.
- Read the *Choose the Best Health Plan for You and Your Family* section on page 6 for information to consider when selecting a health plan.
- Read the *Maximize Your Health Plan Benefits* section on page 8 for ways to save on your health insurance costs.
- Your annual enrollment forms are due to your GIC Coordinator by May 10. Changes go into effect July 1, 2010.



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The *Benefit Decision Guide* is an overview of GIC benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.

New Hire and Annual Enrollment Overview

Annual enrollment gives you the opportunity to review your benefit options and enroll in a health plan or make changes if you desire.



If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

NEW EMPLOYEES Within 10 Calendar Days of Hire and EMPLOYEES OF NEW ENTITIES JOINING THE GIC JULY 1, 2010, OR AFTER

See your GIC Coordinator or the GIC's website for coverage effective date details.

You may enroll in*:

- Basic life insurance

One of these health plans:

- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Harvard Pilgrim Primary Choice Plan
- Health New England
- NHP Care (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for Managers
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

By submitting within 10 days of employment or during the specified open enrollment period...

- GIC enrollment forms; and
- Required documentation for family coverage (if applicable) as outlined on the *Forms* section of our website to your GIC Coordinator

NOTE: *Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. Contact your GIC Coordinator for details.*

CURRENT EMPLOYEES

**During Annual Enrollment
April 12-May 10, 2010
for changes effective July 1, 2010**

You may enroll in or change your selection of:

- Basic life insurance

One of these health plans:

- Fallon Community Health Plan Direct Care
- Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Harvard Pilgrim Primary Choice Plan
- Health New England
- NHP Care (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

- GIC Dental/Vision Plan for Managers*

You may apply for*...

- Long Term Disability (LTD) (during annual enrollment or anytime during the year)
- Optional Life Insurance (during annual enrollment or anytime during the year)
- Health Insurance Buy-Out
- Opt in or out of pre-tax Basic Life and Health Insurance premium deductions

By submitting by May 10...

* See pages 23-26 and 28 for eligibility and option details.

GIC enrollment forms to your GIC Coordinator



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area.

Enrollment and application forms are available on our website: www.mass.gov/gic and through your GIC Coordinator.

Frequently Asked Questions

Q *As a new employee, when do my GIC benefits begin?*

A GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first.

Q *I am an active GIC-eligible employee and also retired from a state agency or participating municipality and eligible for GIC retirement benefits. Can I choose both employee and retiree benefits?*

A You must choose active employee or retiree benefits; you may not have benefits under both statuses. Contact the GIC to indicate whether you want employee or retiree benefits.

Q *I'm turning age 65; what do I need to do?*

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of your Social Security and Medicare benefit eligibility.

If you are eligible and you continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see the GIC's website for details.

Employees should not sign up for Medicare Part D.

Q *I am an active state employee age 65 or over; which health plan card should I present to a doctor's office or hospital?*

A When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

Q *If I die, is my surviving spouse eligible for GIC health insurance?*

A If you (the state employee) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage **until he/she remarries**, regardless of your retirement benefit option (A, B or C).

See the GIC's website for answers to other frequently asked questions:
www.mass.gov/gic



You **MUST** Notify Your GIC Coordinator When Your Personal or Family Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being charged for services provided to you or a family member. Please tell your GIC Coordinator if any of the following changes occur:

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent turning age 19
- Dependent age 19 or over who ceases to be a full-time student, graduates, withdraws from school, is on a medical leave of absence from school or the medical leave of absence ends, ceases to be an IRS Dependent, or ceases to be a Non-IRS Dependent
- Marriage of a covered dependent
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

You may be held personally and financially responsible for failing to notify the GIC of personal or family status changes.

The GIC's Challenges

- State budget outlook continues to be bleak; revenues continue below forecast.
- Health care costs continue to skyrocket, driven by rising hospital, physician and other provider costs, increased utilization of services, and increased GIC membership. Of note, the Attorney General's preliminary report of January 29, 2010 (entitled "Investigation of Health Care Cost Drivers") revealed that provider payments are tied to market leverage and geographic isolation—10 Massachusetts hospitals get 10%-100% more than the other 55 for similar work.

GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

The GIC has been on the forefront of raising awareness about differences in provider quality and costs. With the GIC's Clinical Performance Improvement (CPI) Initiative, which began in 2004, members pay lower copays for providers with the highest quality and/or cost-efficiency scores:

- ★★★ Tier 1 (*excellent*)
- ★★ Tier 2 (*good*)
- ★ Tier 3 (*standard*)



Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost-efficiency.

Difficult Decisions Made in Fiscal Year 2010

Despite these efforts, physician and hospital costs continue to soar and members have been using more health care services. To help meet the GIC's projected FY10 deficit of \$35 million, the Commission implemented mid-year health plan benefit changes effective February 1, 2010—the first time major mid-year health plan benefit changes were needed since February 1, 1992. These changes included increased copays of \$5 across most services as well as the implementation of a new calendar year deductible of \$250 per individual and \$750 per family. No one is happy about increased costs for members, but these changes were necessary to meet the GIC's ability to pay claims for the rest of FY10.

Outlook for Fiscal Year 2011

With the \$3 billion structural state budget deficit projected for FY11, coupled with no abatement in cost increases, the Commission determined that the FY10 mid-year benefit changes could not be rolled back for FY11. The good news is that additional in-network benefit cuts were not made and all existing health plans will continue to be offered.



New Health Plans Introduced

The GIC is offering two new health plan choices. These plans help address differences in provider costs and encourage employees to save money by enrolling in a narrower network plan:

- **Harvard Pilgrim Primary Choice Plan** – this new HMO, which includes selection of a PCP, will be offered throughout most of Massachusetts at an attractive premium.
- **Tufts Health Plan Spirit** – this Exclusive Provider Organization (EPO), which does not require the selection of a PCP, will be offered at an attractive premium.

See pages 15 and 19 for additional information about these new options.

Other Benefit Changes Effective July 1, 2010

- Prescription drug benefits for UniCare State Indemnity Plan/Basic, Community Choice, and PLUS:
 - CVS Caremark has been selected as the new pharmacy benefit manager.
 - Most, but not all, drugs will remain in the same tier category; generic versions of Protonix and Prevacid covered at Tier 2.
 - Over-the-counter Prevacid covered with Tier 1 copay; prescription required.
 - Ability to fill 90-day maintenance medications at selected pharmacies as an alternative to filling those prescriptions through mail order.
- For Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity Plan/PLUS:
 - The out-of-network calendar year deductible will be \$400 per individual and \$800 per family.
 - The out-of-network copays will be equal to or greater than in-network copays.
- Fallon Community Health Plan Select Care will no longer tier Primary Care Physicians; the PCP office visit copay will be \$20.

- The premium contribution for the following planning councils will change effective July 1, 2010:

- Montachusett Regional Planning Council
- Old Colony Planning Council
- Pioneer Valley Planning Commission
- Southeast Regional and Economic Development Council

Employees' premium contributions will be based on their date of hire at the planning council instead of the date the council entered the GIC. This means that the premium contribution will go down for employees who were hired before July 1, 2003. *See page 10 for details.*

- The dental portion of the GIC Dental/Vision Plan's in-network calendar year maximum benefit will increase from \$1,000 to \$1,250. The frequency of some services will change:
 - Bitewing x-ray frequency will be reduced to one per calendar year.
 - Periodontal scaling and root planing will be covered every 24 months.
 - Fluoride will be covered once per calendar year.
 - Crown replacements will be covered every seven years.



Choose the Best Health Plan for You and Your Family



STEP 1: **IDENTIFY** *which plan(s) you are eligible to join:*

- Where you live determines which plan(s) you may enroll in. See the map on page 7 for health plan locations.
- See each health plan page for eligibility details (*pages 12-22*).



STEP 2: *For the plans you are eligible to join and are interested in...*

- **REVIEW** their benefit summaries on pages 12-22.
- **REVIEW** their monthly rates (*see page 10*).
- **WEIGH** features that are important to you, such as out-of-network benefits, prescription drug coverage, mental health benefits, and the selection of a Primary Care Physician to coordinate your care.
- Contact the plan to find out about benefits that are not described in this guide.
- Remember the two new plan options: Harvard Pilgrim Primary Choice Plan and Tufts Health Plan Spirit (*see pages 15 and 19*).



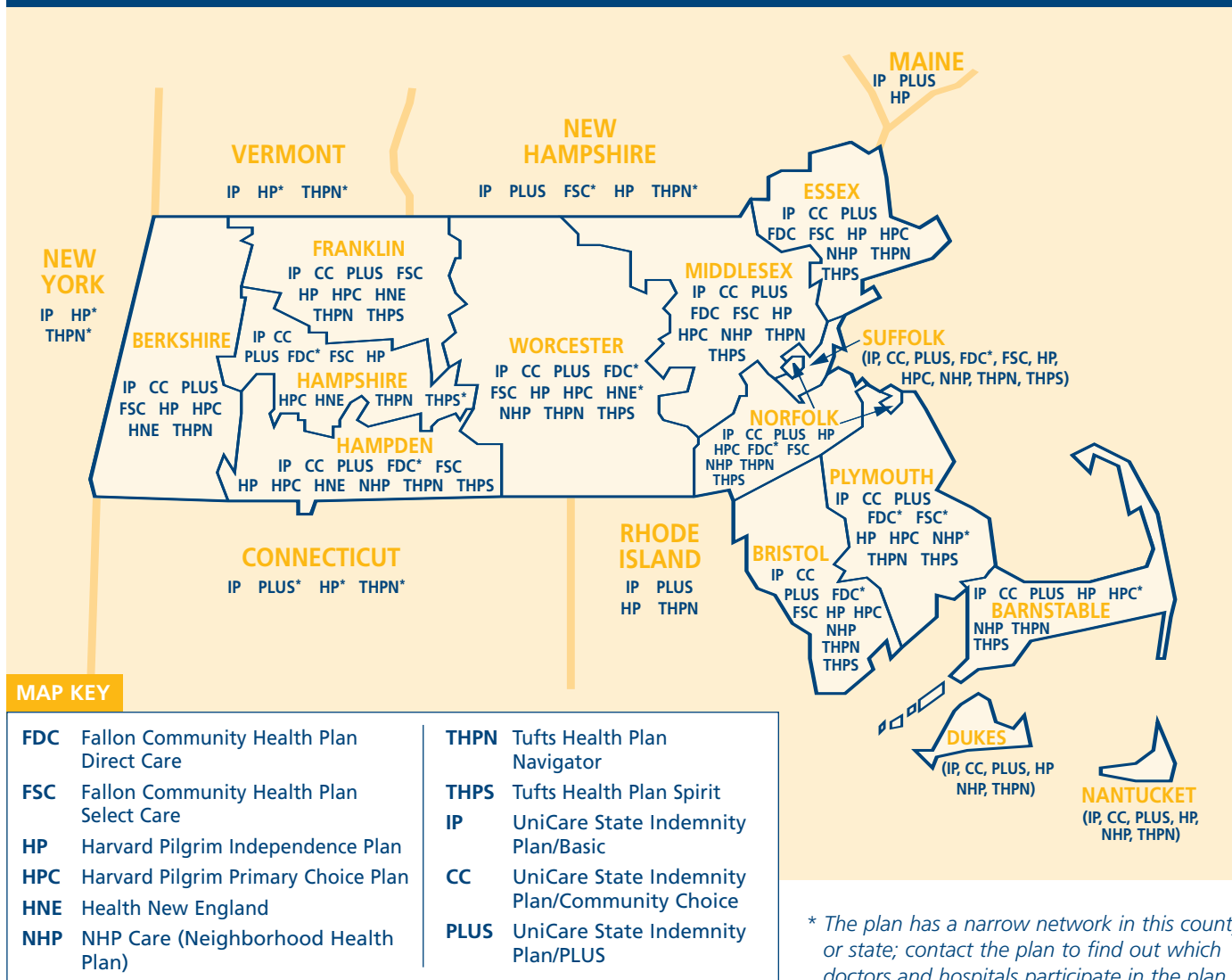
STEP 3: *For the plans you are interested in, determine if your **DOCTORS and HOSPITALS are in the plan's network and which copay tiers they are in.*** Copay tiers are important because they affect how much you pay when you receive physician and hospital services.

- Go to the plan's website and search for your doctors and hospitals.
- If your doctors and hospitals are in the network, find their copay tier assignments.



STEP 4: ***Next fall,** consider enrolling in the Health Care Spending Account and **SAVE** on out-of-pocket health care expenses. (*See page 27 for additional information.*)*

Where You Live Determines Which Plan You May Enroll In. Is the Health Plan Available Where You Live?



The UniCare State Indemnity Plan/Basic is the only employee health plan offered by the GIC that is available throughout the United States and outside of the country.

Choosing a Health Plan

"Fred" switched to the new Harvard Pilgrim Primary Choice Plan.

Here's why:

During annual enrollment, "Fred" went on Harvard Pilgrim Health Care's website and found out that his Independence Plan doctors and hospitals participate in the new Harvard Pilgrim Primary Choice Plan. His monthly rate under this plan would be lower than with the Independence Plan, so he decides to switch to Harvard Pilgrim Primary Choice Plan during annual enrollment.

"Sarah" switched to UniCare Indemnity Plan/Community Choice during annual enrollment.

Here's why:

During annual enrollment, "Sarah" checked out which tier her own, her husband's and her children's doctors would be in as of July 1 in some of the GIC's health plans. She found out that the doctors she and her family see most are Tier 1 in the UniCare State Indemnity Plan/PLUS and the UniCare State Indemnity Plan/Community Choice. However, the hospitals they use have a lower copay in the Community Choice Plan and her premium will be lower in that plan. She decides to change to the UniCare State Indemnity Plan/Community Choice during annual enrollment.

"Erin" is going to enroll in the Health Care Spending Account in the fall.

Here's why:

"Erin" added up her year-to-date out-of-pocket health care costs using the Explanation of Benefits she's received from her health plan and her prescription drug copay receipts. She calculates that she spends about \$1,500 on copays and deductibles. She is a single taxpayer and earns \$35,000 annually. She is going to enroll in the Health Care Spending Account in the fall and will put \$1,500 in her account. She estimates that she will save \$490 in state and federal taxes next year by enrolling.



Choosing a Doctor or Hospital

"Susan" chooses a Tier 1 Tufts Health Plan Navigator hospital for her care.

Here's why:

"Susan" was told she needs surgery. She is in Tufts Health Plan Navigator and talks to her surgeon to find out which hospitals the surgeon recommends for her care. She contacts Tufts Health Plan to find out which copay tier the recommended hospitals are in. She elects to receive care at a Tier 1 hospital and saves money by doing so.

"John" chooses a Tier 1 Fallon Community Health Plan dermatologist.

Here's how and why:

"John" is a member of Fallon Community Health Plan Select Care. He needs to see a dermatologist and finds out that the doctor his internist recommended is in Tier 3. On Fallon's website, he finds two dermatologists in his area who are in Tier 1. He calls his internist to find out whether she recommends either of the two physicians. She highly recommends one of the doctors and John books an appointment with that dermatologist.



Three Good Ways to Get Plan Information

- 1 Log on to the plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 31 for website addresses.*
- 2 Call the health plan's customer service line:** a representative can help you. *See page 31 for phone numbers.*
- 3 Attend a GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 30 for the health fair schedule.*

Calendar Year Deductible Questions and Answers

All GIC health plans include a calendar year deductible for claims incurred on February 1, 2010, or later. The in-network deductible is \$250 per member to a maximum of \$750 per family. This is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

Deductible Questions and Answers

Q *What is a deductible?*

A This is a fixed dollar amount you must pay each calendar year before your health plan begins paying benefits for you or your covered dependent(s).

Q *How much is the in-network calendar year deductible?*

A The in-network deductible is \$250 per member, up to a maximum of \$750 per family.

Here is how it works for each coverage level:

- Individual: The individual has a \$250 deductible before benefits begin.
- Two person family: Each person must satisfy a \$250 deductible.
- Three or more person family: The maximum each person must satisfy is \$250 until the family as a whole reaches the \$750 maximum.

If you are in a PPO-type plan, the out-of-network deductible is \$400 per member, up to a maximum of \$800 per family; this is a separate charge from the in-network deductible.



Q *Am I subject to another deductible when the new fiscal year begins or if I change plans because I move out of the service area during the year?*

A Although GIC health benefits are effective each July, the deductible is a calendar year cost.

■ **You will not be subject to a new deductible if:**

You stay in the same health plan but you switch to one of its other options

■ **You will be subject to a new deductible if:**

You change health plans and choose a new GIC health plan carrier

Q *What health care services are subject to the deductible?*

A The lists below summarize expenses that generally are and are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, ***variations in the guidelines below may occur, depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of expenses generally **exempt** from the deductible:

- Prescription drug benefits
- Mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of expenses generally **subject to** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- Bone density screenings
- X-rays and radiology (including high-tech imaging, such as MRI, PET and CT scans)
- Durable medical equipment

Q *How will I know how much I need to pay out of pocket?*

A When you visit a doctor or hospital, the provider will ask you for your copay upfront. After you receive services, your health plan will provide you and your provider with an explanation of benefits so that you will be able to see which additional portion of the costs you will be responsible for. The provider will then bill you for any balance owed.

State Employee Health Plan Rates

**GIC Plan Rates as of
July 1, 2010**

Union employees from Barnstable, Bristol, Norfolk, Plymouth and Suffolk Sheriffs Departments – see your GIC Coordinator for rates.



	For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
	20%		25%	
	Employee Pays Monthly		Employee Pays Monthly	
Basic Life Insurance Only \$5,000 coverage	\$1.37		\$1.71	
HEALTH PLAN (premium includes Basic Life Insurance)	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	\$ 84.34	\$200.50	\$105.43	\$250.62
Fallon Community Health Plan Select Care	100.90	240.23	126.12	300.29
Harvard Pilgrim Independence Plan	121.97	295.95	152.46	369.93
Harvard Pilgrim Primary Choice Plan	97.08	235.16	121.35	293.95
Health New England	84.17	206.63	105.21	258.28
NHP Care (Neighborhood Health Plan)	84.07	220.53	105.09	275.66
Tufts Health Plan Navigator	117.35	282.97	146.68	353.71
Tufts Health Plan Spirit	93.42	224.86	116.77	281.08
UniCare State Indemnity Plan/ Basic with CIC (Comprehensive)	191.77	445.47	230.46	535.35
UniCare State Indemnity Plan/ Basic without CIC (Non-Comprehensive)	154.73	359.54	193.42	449.42
UniCare State Indemnity Plan/ Community Choice	82.69	196.54	103.37	245.68
UniCare State Indemnity Plan/ PLUS	113.57	269.13	141.96	336.41



**Contribution percentages may change after the
Commonwealth's FY11 budget is enacted.**

For other plan considerations, see page 6.

Prescription Drug Benefits

Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact plans you are considering with questions about your specific medications. *See pages 12-22 for the corresponding copayment information.*

TIER 1: You pay the lowest copayment. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses as brand name drugs.

TIER 2: You pay the mid-level copayment. This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.

TIER 3: You pay the highest copayment. This tier is primarily made up of brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by CVS Caremark, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- **Step Therapy** – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- **Mandatory Generics** – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, **plus** the generic copay.
- **Specialty Drug Pharmacies** – If you are prescribed specialty medications, such as injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or doctor's office.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one copay for three months of medication. *See pages 12-22 for copay details.* Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

Additionally, in some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by CVS Caremark, you may have an option to fill 90-day supplies of maintenance medications at certain retail pharmacies. Contact your plan for details.

FALLON COMMUNITY HEALTH PLAN DIRECT CARE

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a selective network based in a geographically concentrated area. Contact the plan to see if your provider is in the network.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Direct Care is available throughout the following Massachusetts counties:

Essex Middlesex

Fallon Community Health Plan Direct Care has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Bristol Plymouth
Hampden Suffolk
Hampshire Worcester
Norfolk

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan
1.866.344.4442
www.fchp.org

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
\$15 per visit
\$5 per pediatric wellness visit
- **Specialist Physician Office Visit**
\$25 per visit
- **Outpatient Mental Health and Substance Abuse Care**
\$15 per visit
- **Retail Clinic:** \$15 per visit
- **Inpatient Hospital Care – Medical**
(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year):
\$200 per admission
- **Outpatient Surgery** (maximum four copays annually per person):
\$110 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans)
(maximum one copay per day)
\$100 per scan
- **Emergency Room**
\$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

FALLON COMMUNITY HEALTH PLAN SELECT CARE

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

Berkshire	Hampshire
Bristol	Middlesex
Essex	Norfolk
Franklin	Suffolk
Hampden	Worcester

Fallon Community Health Plan Select Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

Fallon Community Health Plan Select Care has a narrow network in the following state; contact the plan to find out which doctors and hospitals participate in the plan:

New Hampshire

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan
1.866.344.4442
www.fchp.org

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

Copays Effective July 1, 2010

■ Primary Care Physician Office Visit

\$20 per visit

\$10 per pediatric wellness visit

■ Specialist Office Visit

Fallon Community Health Plan tiers the following specialists based on quality and/or cost-efficiency:

Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Nephrologists, Neurologists, Obstetrician/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists.

★★★ Tier 1 (excellent): \$25 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

■ Retail Clinic: \$20 per visit

■ Outpatient Mental Health and Substance Abuse Care: \$20 per visit

■ Inpatient Hospital Care – Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year): \$250 per admission

■ Outpatient Surgery (maximum four copays annually per person) \$125 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day) \$100 per scan

■ Emergency Room \$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

HARVARD PILGRIM INDEPENDENCE PLAN

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:

Maine Rhode Island
New Hampshire

The Harvard Pilgrim Independence Plan has a narrow network in the following states; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut Vermont
New York

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care
1.800.542.1499
www.harvardpilgrim.org/gic

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

In-Network Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
\$20 per visit
- **Specialist Physician Office Visit**
Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.
 - ★★★ Tier 1 (excellent): \$20 per visit
 - ★★ Tier 2 (good): \$35 per visit
 - ★ Tier 3 (standard): \$45 per visit
- **Out-of-State Specialist Office Visit:** \$35 per visit
- **Retail Clinic:** \$20 per visit
- **Outpatient Mental Health and Substance Abuse Care:** \$20 per individual visit
- **Inpatient Hospital Care – Medical**
(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:
 - Tier 1: \$250 per admission
 - Tier 2: \$500 per admission
 - Tier 3: \$750 per admission
- **Outpatient Surgery** *(maximum four copays per person per calendar year):* \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) *(maximum one copay per day):* \$100 per scan
- **Emergency Room**
\$100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

HARVARD PILGRIM PRIMARY CHOICE PLAN

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is a new HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a select network at an attractive premium. Contact the plan to see if your provider is in the network.

Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Primary Choice Plan is available throughout the following Massachusetts counties:

Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester
Hampshire	

The Harvard Pilgrim Primary Choice Plan has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Barnstable

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care
1.800.542.1499
www.harvardpilgrim.org/gic

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
100% after \$20 per visit
- **Specialist Physician Office Visit**
Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.
 - ★★★ Tier 1 (excellent): \$20 per visit
 - ★★ Tier 2 (good): \$35 per visit
 - ★ Tier 3 (standard): \$45 per visit
- **Out-of-State Specialist Office Visit:** \$35 per visit
- **Retail Clinic:** \$20 per visit
- **Outpatient Mental Health and Substance Abuse Care:** \$20 per individual visit
- **Inpatient Hospital Care – Medical**
(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:
 - Tier 1: \$250 per admission
 - Tier 2: \$500 per admission
- **Outpatient Surgery** *(maximum four copays per person per calendar year):* \$150 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans)*
(maximum one copay per day): \$100 per scan
- **Emergency Room**
\$100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

HEALTH NEW ENGLAND

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available throughout the following Massachusetts counties:

Berkshire	Hampden
Franklin	Hampshire

Health New England has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Worcester

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England
1.800.842.4464
www.hne.com

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

Copays Effective July 1, 2010

■ Pediatric Physician Office Visit

\$0 per wellness office visit
\$20 per diagnostic visit

■ Primary Care Physician Office Visit

\$20 per visit

■ Specialist Physician Office Visit

Health New England tiers the following specialists based on quality and/or cost-efficiency: Cardiologists, Endocrinologists, Gastroenterologists, General Surgeons, Obstetricians/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.

★★★ Tier 1 (excellent): \$25 per visit
★★ Tier 2 (good): \$35 per visit
★ Tier 3 (standard): \$45 per visit

■ Retail Clinic: \$20 per visit

■ Outpatient Mental Health and Substance Abuse Care: \$20 per visit

■ Inpatient Hospital Care – Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
\$250 per admission

■ Outpatient Surgery (maximum four copays annually per person): \$110 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day) \$100 per scan

■ Emergency Room

\$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$50

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$110

NHP CARE (*Neighborhood Health Plan*)

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available throughout the following Massachusetts counties:

Barnstable	Middlesex
Bristol	Nantucket
Dukes	Norfolk
Essex	Suffolk
Hampden	Worcester

NHP Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care
1.800.462.5449
www.nhp.org

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

Copays Effective July 1, 2010

■ Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on quality and/or cost-efficiency.

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$25 per visit
- ★ Tier 3 (standard): \$30 per visit

■ Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on quality and/or cost-efficiency: Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists.

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

■ Retail Clinic: \$20 per visit

■ Outpatient Mental Health and Substance Abuse Care: \$25 per visit

■ Inpatient Hospital Care – Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year): \$250 per admission

■ Outpatient Surgery (maximum four copays annually per person): \$110 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day) \$100 per scan

■ Emergency Room

\$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

Mail Order up to 90-day supply:

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

TUFTS HEALTH PLAN NAVIGATOR

Tufts Health Plan Navigator is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Navigator is available throughout Massachusetts.

The Plan is also available in the following other state:
Rhode Island

Tufts Health Plan Navigator has a narrow network in the following states; contact the plan to see which doctors and hospitals participate in the plan:

Connecticut	New York
New Hampshire	Vermont

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: Tufts Health Plan
1.800.870.9488
www.tuftshealthplan.com/gic

Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health
1.888.610.9039
www.liveandworkwell.com (access code: 10910)

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

In-Network Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
\$20 per visit
- **Specialist Physician Office Visit**
Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.
 - ★★★ Tier 1 (excellent): \$25 per visit
 - ★★ Tier 2 (good): \$35 per visit
 - ★ Tier 3 (standard): \$45 per visit
- **Out-of-State Specialist Office Visit:** \$35 per visit
- **Retail Clinic:** \$20 per visit
- **Outpatient Mental Health and Substance Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): \$20 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical** (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) *Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost:*
 - Tier 1: \$300 per admission
 - Tier 2: \$700 per admission
- **Outpatient Surgery** (maximum four copays per person per calendar year): \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan
- **Emergency Room:** \$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

TUFTS HEALTH PLAN SPIRIT

Tufts Health Plan Spirit is a new Exclusive Provider Organization (EPO) plan that does not require members to select a Primary Care Physician (PCP). With an EPO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a select network at an attractive premium. Contact the plan to see if your provider is in the network.

Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan are administered by United Behavioral Health (UBH).

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Spirit is available throughout the following Massachusetts counties:

Barnstable	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

Tufts Health Plan Spirit has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Hampshire

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: Tufts Health Plan

1.800.870.9488

www.tuftshealthplan.com/gic

Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
\$20 per visit
- **Specialist Physician Office Visit**
Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.
 - ★★★ Tier 1 (excellent): \$25 per visit
 - ★★ Tier 2 (good): \$35 per visit
 - ★ Tier 3 (standard): \$45 per visit
- **Retail Clinic:** \$20 per visit
- **Outpatient Mental Health and Substance Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):
\$20 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical** (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) *Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost:*
 - Tier 1: \$300 per admission
 - Tier 2: \$700 per admission
- **Outpatient Surgery** (maximum four copays per person per calendar year): \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan
- **Emergency Room:** \$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$50

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$110

UNICARE STATE INDEMNITY PLAN/BASIC

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

The plan determines “allowed amounts” for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare’s national network of providers.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: UniCare

1.800.442.9300

www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits: CVS Caremark

1.877.876.7214

www.caremark.com/gic

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

Copays with CIC (Comprehensive) Effective July 1, 2010

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

UniCare tiers Massachusetts physicians based on quality and/or cost-efficiency.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): \$20 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$40 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit: \$30 per visit

■ Retail Clinic: \$20 per visit

■ Network Outpatient Mental Health and Substance Abuse Care (See the GIC’s website for a UBH benefit grid or contact UBH for additional benefit details): \$20 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care – Medical (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): \$200 copay

■ Outpatient Surgery (maximum one copay per person per calendar year quarter): \$110 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

■ Emergency Room \$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

Mail Order up to 90-day supply:

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care copays are determined by the type of treatment. For most procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For a few complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital copay when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available throughout Massachusetts. Contact the plan to find out if your hospital is in the network.

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: UniCare

1.800.442.9300

www.unicarestatplan.com

Mental Health, Substance Abuse and EAP

Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

CVS Caremark

1.877.876.7214

www.caremark.com/gic

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

In-Network Copays Effective July 1, 2010

UniCare tiers Massachusetts physicians based on quality and/or cost-efficiency.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$45 per visit

■ Retail Clinic: \$20 per visit

■ Outpatient Mental Health and Substance Abuse Care

(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): \$20 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care – Medical (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): \$250 per admission

■ Outpatient Surgery (maximum one copay per person per calendar year quarter): \$110 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

■ Emergency Room

\$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

Mail Order up to 90-day supply:

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

UNICARE STATE INDEMNITY PLAN/PLUS

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan provides access to all Massachusetts physicians and hospitals at 100% coverage less a copayment. Out-of-state non-UniCare providers have 80% coverage of reasonable and customary charges after you pay a deductible.

Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your physician is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Maine Rhode Island
New Hampshire

The UniCare State Indemnity Plan/PLUS has a narrow network in the following state; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut

Monthly Rates as of July 1, 2010

See page 10.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: UniCare

1.800.442.9300

www.unicarestatementplan.com

Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits: CVS Caremark

1.877.876.7214

www.caremark.com/gic

Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 9 for details.

In-Network Copays Effective July 1, 2010

UniCare tiers Massachusetts physicians based on quality and/or cost-efficiency.

■ Primary Care Physician Office Visit

★★★ Tier 1 (excellent): \$15 per visit
★★ Tier 2 (good): \$30 per visit
★ Tier 3 (standard): \$35 per visit

■ Specialist Office Visit

★★★ Tier 1 (excellent): \$25 per visit
★★ Tier 2 (good): \$30 per visit
★ Tier 3 (standard): \$45 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit: \$30 per visit

■ Retail Clinic: \$20 per visit

■ Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): \$20 per visit

UBH also offers EAP services.

UniCare tiers hospitals based on quality and/or cost.

■ Inpatient Hospital Care – Medical (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

Tier 1: \$250 per admission
Tier 2: \$500 per admission
Tier 3: \$750 per admission

UniCare's outpatient surgery copay is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery copay.

■ Outpatient Surgery (maximum one copay per person per calendar year quarter)

Tier 1 and Tier 2: \$110 per occurrence
Tier 3: \$250 per occurrence

■ High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

■ Emergency Room: \$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$50

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$110

Long Term Disability (LTD)

The GIC's Long Term Disability (LTD) program is insured by Unum. LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

Three out of four working Americans would have trouble supporting themselves within six months of a disability according to a 2009 LIFE Foundation survey. When an employee becomes disabled, it is easy to fall behind on mortgage and other essential payments. With three in 10 workers entering the workforce becoming disabled before retirement (*January 2007 Social Security Administration Fact Sheet*), being out of work due to a disability is a very real possibility. That's why a salary replacement plan is an important benefit for you and your family.

If you become ill or injured and are unable to work for 90 consecutive days, this program will provide you with:

- A tax-free benefit of up to 50% of your gross monthly salary
- A benefit for mental health disabilities and for partial disabilities
- A rehabilitation and return-to-work assistance benefit
- A dependent care expense benefit

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits, but the minimum benefit will be \$100 or 10% of your gross monthly benefit amount, whichever is greater.

Long Term Disability (LTD) Questions?

Contact Unum: 1.877.226.8620
www.mass.gov/gic

Eligibility and Enrollment

All active full-time and half-time state employees who work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week are eligible for LTD benefits.

New State Employees

During the established enrollment period for transportation and sheriffs departments joining the GIC, or as a new state employee within 31 days of hire, employees may enroll in LTD without providing evidence of good health.

Current State Employees

All eligible employees can apply for LTD coverage during annual enrollment, or any time during the year. You must provide proof of good health in order to receive Unum's approval to enter the plan.

LONG TERM DISABILITY **Monthly GIC Plan Rates as of July 1, 2010**

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE MONTHLY PREMIUM <i>Per \$100 of Monthly Earnings</i>
Under 20	\$0.09
20 – 24	0.09
25 – 29	0.11
30 – 34	0.15
35 – 39	0.19
40 – 44	0.38
45 – 49	0.55
50 – 54	0.77
55 – 59	0.98
60 – 64	0.89
65 – 69	0.41
70 and over	0.23

Life insurance, insured by The Hartford Life and Accident Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

Basic Life Insurance

The Commonwealth offers \$5,000 of Basic Life Insurance.

Accidental Death & Dismemberment (AD&D) Benefits

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Added benefits for loss of life in a car accident while using an airbag or seat belt

Life Insurance and AD&D Questions?

Contact the GIC

1.617.727.2310 ext. 1

www.mass.gov/gic

Optional Life Insurance

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary. Term insurance covers you and pays your designated beneficiary in the event of your death or certain other catastrophic events. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit. If you have been diagnosed with a terminal illness, you may elect an advance payment of a portion of your life insurance death benefits during your lifetime (*Accelerated Death Benefit*).

How Much Do You Need?

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- Your family's yearly expenses;
- Future expenses, such as college tuition or other expenses unique to your family;
- Your family's income from savings, other insurance, other sources; and
- The life insurance cost and needs for your age bracket. For instance, 35-year-olds with young families and mortgages might need the coverage. But 65-year-olds who have paid off their mortgage and have no dependent expenses might not need it, especially because premiums increase significantly as you age.

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make financial sense for you to keep it. Talk with a tax advisor about other programs that might be more beneficial at retirement. Optional Life Insurance rates significantly increase when you retire, and continue to increase based on your age.

See the GIC Benefit Decision Guide for Commonwealth of Massachusetts Retirees & Survivors or our website for these rates.

Life Insurance and Leaving State Service

Active employees who leave state service or become ineligible for GIC life insurance can take advantage of the following options:

- **Portability** – continue your basic and/or optional life insurance at the group rate
- **Conversion** – convert your life insurance coverage to a non-group policy

Portability and Conversion Questions?

Contact The Hartford Life and Accident Company

1.877.320.0484

Optional Life Insurance Enrollment

You must be enrolled in Basic Life Insurance in order to apply for Optional Life Insurance.

New State Employees

During the established enrollment period for transportation and sheriffs departments joining the GIC, or as a new state employee, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without the need for any medical review.

Current Employees

Active employees may apply for the first time or apply to increase their coverage at any time during the year. The active employee must complete a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

Current Employees with a Qualified Family Status Change

Active state employees who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to four times their salary provided that the GIC is notified within 31 days of the qualifying event.

Family status changes include the following events and documentation of the qualifying event is required:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of a spouse

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months, you are eligible for reduced Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2010.

Life Insurance and AD&D Questions?

Contact the GIC

1.617.727.2310 ext. 1

www.mass.gov/gic

OPTIONAL LIFE INSURANCE RATES – Including Accidental Death & Dismemberment Monthly GIC Plan Rates as of July 1, 2010

ACTIVE EMPLOYEE AGE	SMOKER RATE <i>Per \$1,000 of Coverage</i>	NON-SMOKER RATE <i>Per \$1,000 of Coverage</i>
Under Age 35	\$0.09	\$0.05
35 – 44	0.13	0.06
45 – 49	0.24	0.09
50 – 54	0.38	0.15
55 – 59	0.58	0.23
60 – 64	0.88	0.34
65 – 69	1.57	0.83
Age 70 and over	2.81	1.30

Health Insurance Buy-Out

If you were insured with the GIC on January 1, 2010 or before, and continue your coverage through June 30, 2010, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission.

Under the buy-out plan, eligible state employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. The amount of payment depends on your health plan and coverage.

For example:

State employee with Tufts Health Plan Navigator family coverage:

Full-cost premium on July 1, 2010:	\$1,408.01
Monthly 12-month benefit =	25% of this premium
<hr/>	
Employee receives 12 monthly checks of (before federal and state tax deductions)	\$352.00

Pre-Tax Premium Deductions

The Commonwealth deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. By deducting on a pre-tax basis, the result is a small increase in your paycheck. During annual enrollment, or when you have a "qualifying event" as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums.

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2010.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2010.

Pre-Tax Premium Deduction Questions?

Contact Your Payroll Department

Buy-Out Questions?

**Contact the GIC: 617.727.2310 ext. 1
www.mass.gov/gic**



Flexible Spending Accounts

The GIC's Flexible Spending Accounts (FSAs), administered by Benefit Strategies, help you save money on out-of-pocket health care costs and/or dependent care expenses. By participating in an FSA, you will reduce your gross income and save on both federal and state taxes.

Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for out-of-pocket health care expenses not covered by a medical or dental plan on a pre-tax basis. Examples can include:

- Office visit and prescription drug copayments
- Eyeglasses, prescription sunglasses, and contact lenses
- Orthodontia and dental benefits
- Hearing aids and durable medical equipment
- Smoking cessation and child birth classes
- Chiropractor and acupuncture visits
- Most over-the-counter (OTC) drugs, such as pain relievers, antacids, and allergy medicines

For calendar year 2010, participants can contribute \$500 to \$5,000 through payroll deduction on a pre-tax basis.

HCSA Eligibility

All active state employees who are eligible for health benefits with the GIC are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses for a child under the age of 13 and an adult dependent — including day care, after-school programs, elder day care, and day camp — on a pre-tax basis. You may elect an annual DCAP contribution of up to \$5,000 per household.

DCAP Eligibility

Active state employees, including contractors, who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP benefits.

HCSA & DCAP

All HCSA participants receive a free debit card from Benefit Strategies to conveniently pay for health care expenses out of their HCSA account. Alternately, as you incur health care and dependent care expenses, submit a claim form and receipt to Benefit Strategies. They will deposit the reimbursement to your bank account or will mail you a check, depending on whether or not you enroll in direct deposit. As required by the IRS, keep copies of all HCSA and DCAP receipts with your tax documents.

For the 2010 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$3.60 on a pre-tax basis.

HCSA & DCAP Enrollment

New State Employees

New state employees, including transportation employees joining the GIC, may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first date of employment.

Open Enrollment and Enrollment During the Year

The HCSA and DCAP plan year is January through December. **Open enrollment for these programs is in the fall** for the following calendar year. **You must re-enroll each year.** Employees who have a "qualified" family status change during the plan year, as outlined on the enrollment and change form, may enroll during the year.

It is important to estimate your expenses carefully – the Internal Revenue Service requires that you forfeit any unused funds at the plan's year end.

HCSA and DCAP Questions?

Contact Benefit Strategies
1.877.FLEXGIC (1.877.353.9442)
www.mass.gov/gic

Eligibility for the GIC Dental and Vision Plan

The GIC Dental/Vision Plan is for state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are not eligible for GIC Dental/Vision coverage.

Annual Enrollment Options

During annual enrollment, eligible employees may enroll in GIC Dental/Vision for the first time, or change their dental plan selection.

DENTAL BENEFITS

Metropolitan Life Insurance Company (MetLife) is the provider of the dental portion of the GIC Dental/Vision plan. There are two dental plan options:

- The **MetLife Value Plan** (also known as the PPO Plan), and
- The **MetLife Classic Plan** (also known as the Indemnity Plan)

Keep in mind that if you enroll in the MetLife Value (PPO) Plan and your dentist leaves the plan during the year, you may not change plans until the next annual enrollment.

Both plans offer access to the MetLife Preferred Dentist Program (PDP), a network of participating dentists that have agreed to accept a schedule of reduced fees. The negotiated fees apply even after you have exceeded the annual maximum.

Per-Person Benefit Changes Effective July 1, 2010:

- The in-network calendar year maximum benefit will increase from \$1,000 to \$1,250.
- Bitewing x-ray frequency will be reduced to one per calendar year.
- Periodontal scaling and root planing will be covered every 24 months.
- Fluoride will be covered once per calendar year.
- Crown replacements will be covered every seven years.



The GIC recommends that you check to see whether you and/or your dependents receive all of your dental care from a participating PDP dentist:

- If you do, choosing the MetLife Value (PPO) Plan will save monthly premium costs. However, if you are in the MetLife Value (PPO) Plan and you go out of network, you will need to satisfy a deductible and the benefit levels are slightly lower.
- If you and/or your dependents do not always visit participating dentists, choosing the MetLife Classic (Indemnity) Plan will provide higher benefit levels.

VISION BENEFITS

The vision portion of the GIC Dental/Vision Plan is administered by Davis Vision. This plan provides a preferred provider network of over 1,000 Massachusetts providers, with additional preferred providers across the country. Members receive basic services at no cost and pay a copay for enhanced materials and services when they use a preferred provider. When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Vision Questions?

Including copayment amounts and providers

Contact Davis Vision: 1.800.650.2466

www.davisvision.com (control code: 7852)

GIC DENTAL/VISION PLAN

Monthly GIC Plan Rates as of July 1, 2010

	INDIVIDUAL	FAMILY
Value (PPO) Plan	\$ 4.11	\$12.74
Classic (Indemnity) Plan	5.70	17.68

Dental Questions?

Including copayment amounts and providers

Contact MetLife: 1.866.292.9990

www.metlife.com/gic



Attend a Health Fair

Attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

See page 30 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 12 de Abril hasta el 10 de Mayo del 2010. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2010. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2010年4月12日開始，於5月10日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2010年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- *Benefit Decision Guide* content in HTML and XML-accessible formats
- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Information about and links to all GIC plans
- Answers to frequently asked questions
- GIC publications – including the *Benefits At-A-Glance* brochures and our *For Your Benefit* newsletter
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for UniCare State plans and Tufts Health Plan Navigator and Spirit members
- Health articles and links to help you take charge of your health



Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 12 tháng Tư và chấm dứt vào ngày 10 tháng Năm, 2010. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2010. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.

APRIL 2010

13 TUESDAY 10-3
State Transportation Building
 10 Park Plaza, 2nd Floor
 Conference Rooms 1, 2, 3
 BOSTON

15 THURSDAY 10-5
Newbury College
 Student Center Auditorium
 129 Fisher Avenue
 BROOKLINE

16 FRIDAY 11-3
Quinsigamond Community College
 Library/Learning Center, Room 109
 670 West Boylston Street
 WORCESTER

17 SATURDAY 11-2
Mass Maritime Academy
 Bresnahan Building
 Academy Drive
 BUZZARDS BAY

20 TUESDAY 10-2
McCormack State Office Building
 One Ashburton Place, 21st Floor
 BOSTON

22 THURSDAY 11-2
Bristol Community College
 Jackson Art Center
 H Building
 777 Elsbree Street
 FALL RIVER

23 FRIDAY 11-2
Berkshire Community College
 Paterson Field House
 1350 West Street
 PITTSFIELD

24 SATURDAY 11-2
Northern Essex Community College
 The Technology Center
 Rooms 103 A & B
 100 Elliott Street
 HAVERHILL

27 TUESDAY 11-3
Hampden County Sheriff's Department
 Hampden County Correctional Center
 627 Randall Road
 LUDLOW

28 WEDNESDAY 10-2
U-Mass Amherst
 Student Union Ballroom
 AMHERST

29 THURSDAY 12-4
Wrentham Developmental Center
 Graves Auditorium
 Littlefield Street
 WRENTHAM

30 FRIDAY 11-4:30
Wachusett Regional High School
 Gymnasium
 1401 Main Street
 HOLDEN

MAY 2010

4 TUESDAY 10-3
State Transportation Building
 10 Park Plaza, 2nd Floor
 Conference Rooms 1, 2, 3
 BOSTON

6 THURSDAY 11-3
Middlesex Community College
 Cafeteria
 591 Springs Road
 BEDFORD



**Commonwealth of Massachusetts
 Group Insurance Commission**

*Your
 Benefits
 Connection*

For More Information, Contact the Plans

For more information about specific plan benefits, contact the individual plan.
Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Community Health Plan Direct Care Select Care	1.866.344.4442	www.fchp.org
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan	1.800.542.1499	www.harvardpilgrim.org/gic
Health New England	1.800.842.4464	www.hne.com
Neighborhood Health Plan NHP Care	1.800.462.5449	www.nhp.org
Tufts Health Plan Navigator Spirit ■ Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1.800.870.9488 1.888.610.9039	www.tuftshealthplan.com/gic www.liveandworkwell.com (access code: 10910)
UniCare State Indemnity Plan/ Basic Community Choice PLUS <i>For all UniCare Plans</i> ■ Prescription Drugs (<i>CVS Caremark</i>) ■ Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1.800.442.9300 1.877.876.7214 1.888.610.9039	www.unicarestatplan.com www.caremark.com/gic www.liveandworkwell.com (access code: 10910)
OTHER BENEFITS		
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (<i>Benefit Strategies</i>)	1.877.FLEXGIC (1.877.353.9442)	www.mass.gov/gic
Life/AD&D Insurance (<i>The Hartford</i>) <i>Contact the GIC</i>	1.617.727.2310 ext. 1	www.mass.gov/gic
Long Term Disability (<i>Unum</i>)	1.877.226.8620	www.mass.gov/gic
FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF, AND CERTAIN EXECUTIVE OFFICE STAFF		
Dental Benefits (<i>MetLife</i>)	1.866.292.9990	www.metlife.com/gic
Vision Benefits (<i>Davis Vision</i>)	1.800.650.2466	www.davisvision.com (control code: 7852)
ADDITIONAL RESOURCES		
Employee Assistance Program for Managers and Supervisors (<i>United Behavioral Health</i>)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Internal Revenue Service (IRS)	1.800.829.1040	www.irs.gov
Social Security Administration	1.800.772.1213	www.ssa.gov
State Board of Retirement	1.617.367.7770	www.mass.gov/retirement

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583
www.mass.gov/gic

39-Week Layoff Coverage – allows laid-off employees to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. It is a Commonwealth of Massachusetts enrollee-pay-all benefit. Enrollees *without* CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement) Initiative – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost-efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency information to develop tiered networks are designated as Select & Save plans.

DCAP (Dependent Care Assistance Program) – a pre-tax benefit that allows participants to set aside a certain amount of their income annually to use to pay certain employment-related dependent care expenses, such as child care or day camp for a dependent child under the age of 13 and/or a disabled adult dependent. Open enrollment for this program takes place in the fall for a calendar year benefit.

Deductible – a set dollar amount which must be satisfied within a calendar year before the health plan begins making payments on claims.

Deferred Retirement – allows you to continue your group health insurance after you leave state service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

EAP (Enrollee Assistance Program) – Mental health services that include help for depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services for legal, financial, family mediation, and elder care assistance.

Exclusive Provider Organization (EPO) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a

certain geographic area. EPOs do not offer out-of-network benefits, with the exception of emergency care. EPOs do not require the selection of a Primary Care Physician (PCP).

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in certain cities and towns.

HCSA (Health Care Spending Account) – a pre-tax benefit that allows employees to contribute a set amount of their income for non-covered health expenses, such as copayments, deductibles, eyeglasses and orthodontia. Open enrollment for this program takes place in the fall for a calendar year benefit.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits, with the exception of emergency care. An HMO requires the selection of a Primary Care Physician (PCP).

LTD (Long Term Disability) – an income replacement program for active employees providing a tax-free benefit of up to 50% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

Networks – groups of doctors, hospitals and other health care providers that contract with a benefit plan. If you are in a plan that offers network and non-network coverage, you will receive the maximum level of benefits when you are treated by network providers.

PCP (Primary Care Physician) – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

Portability – allows active employees who end employment with the Commonwealth to continue life insurance coverage at the same level of coverage. The premium for the portable life insurance coverage will be at the same rates you are insured for under the Commonwealth's group plan. Certain coverage and time limits apply.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician (PCP).



**Commonwealth of Massachusetts
Group Insurance Commission**

P.O. Box 8747
Boston, MA 02114-8747

Commonwealth of Massachusetts

Deval L. Patrick, Governor

Timothy P. Murray, Lieutenant Governor

Group Insurance Commission

Dolores L. Mitchell, Executive Director

19 Staniford Street, 4th Floor

Boston, Massachusetts

Telephone 617.727.2310

TDD/TTY: 617.227.8583

MAILING ADDRESS

Group Insurance Commission

P.O. Box 8747

Boston, MA 02114-8747

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Richard E. Waring, Vice Chair (NAGE)

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Website: www.mass.gov/gic